



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **8133 ARROYO DR., ROSEMEAD, CA 91770**

TELEPHONE: **(626) 478-8808**

OWNER OF BUSINESS: **JIE LUO**

CAL. DR. LIC# : **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **THE REAL MASSAGE**

MAILING ADDRESS **[REDACTED]**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	07/01/15	tchen
<input checked="" type="checkbox"/> 4. Fire Department	YES	10/20/15	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	03/14/16	nlove
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	12/16/15	tchen
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	06/25/15	ddo
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	03/24/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	12/16/15	tchen
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

5910

Fee: \$ _____

ID # 142468

BUSINESS INFORMATION

Type of Business: <u>Massage Parlor</u>	Address of Business: <u>8133 Arroyo Drive Rosemead, CA 91760</u>	
DBA (Business Name): <u>The Real Massage</u>	Business Telephone: <u>626-478-8808</u>	
	Mailing Address: [REDACTED]	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of: <u>California</u>	
Exact Corporate Name: <u>The Real Massage LLC</u>		
Names of Officers	Addresses	Titles
<u>Jie Luo</u>	[REDACTED]	<u>Owner</u>

APPLICANT INFORMATION

Applicant's Full Name: <u>Jie Luo</u>		
Home Address: [REDACTED]		
Home Telephone: [REDACTED]	Cell Phone: [REDACTED]	Email address: <u>therealmassage@outlook.com</u>
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED]
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED]
	Hair Color: [REDACTED]	Eye Color: [REDACTED]

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the Business License applied for, I agree to submit any additional information that may be required, to conduct all phases of this Business License in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: JUN 24 15 Applicant's Signature: Jie Luo

Application taken by: Dick Date: 6-24-15

* If you suspect fraud or wrongdoing by a County of Los Angeles employee, report it to the fraud hotline at 1(800) 544-6861

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TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **8133 ARROYO DR., ROSEMEAD, CA 91770**

TELEPHONE: **(626) 478-8808**

OWNER OF BUSINESS: **JIE LUO**

CAL. DR. LIC.#: **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **THE REAL MASSAGE**

MAILING ADDRESS: **[REDACTED]**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**BUILDING & SAFETY
LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE *Alfred L. Cate*

DATE *7-1-75*

3232637342

09:19:58 a.m. 09-15-2015

3/18



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 8133 ARROYO DR., ROSEMEAD, CA 91770

TELEPHONE: (626) 478-8808

OWNER OF BUSINESS: JIE LUO

CAL. DR. LIC# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE REAL MASSAGE

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

FS-4-13B

FIRE DEPARTMENT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

BASIC LICENSE NO. 5910

DATE 08/20/15

IDENTIFICATION NUMBER 142468



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 8133 ARROYO DR., ROSEMEAD, CA 91770

TELEPHONE: (626) 478-8808

OWNER OF BUSINESS: JIE LUO

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE REAL MASSAGE

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

BASIC LICENSE NO. 5910

DATE 01/20/16

IDENTIFICATION NUMBER 142468



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

25 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

✓
15-00779

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 8133 ARROYO DR., ROSEMEAD, CA 91770

TELEPHONE: (626) 478-8808

OWNER OF BUSINESS: JIE LUO

CAL. DR. LIC.#: [REDACTED]

9/3/63

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE REAL MASSAGE

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

APPROVED

SIGNATURE: _____

[Signature] 3361176

DATE: 12/15/15

BASIC LICENSE NO. 5910

DATE 06/25/15

WAL

IDENTIFICATION NUMBER 142468

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
BUSINESS LICENSE SECTION
REVENUE & ENFORCEMENT DIVISION

TO: DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, 13TH FLOOR, ROOM 1360
LOS ANGELES, CALIFORNIA 90012

FROM: BUSINESS LICENSE SECTION
225 NORTH HILL STREET ROOM 109
LOS ANGELES, CALIFORNIA 90012

DEPARTMENT OF REGIONAL PLANNING FEE: ~~\$365.00~~
\$365.00

TELEPHONE: (213) 974-2011
FAX: (213) 633-5427

DATE:

May 11, 2015

ID#:

5275-011-052

TYPE OF BUSINESS AND CODE:

Massage Parlor

BUSINESS ADDRESS:

8133 Arroyo Drive

CITY:

Rosemead, CA 91770

APN#:

NAME OF OWNER:

Jiel Luo

PHONE#:

(626) 862-6816

D.B.A./NAME OF BUSINESS:

The Real Massage

CELL PHONE#:

(626) 478-8807

MAILING ADDRESS:

Same as Above

E-mail ADDRESS:

To be completed by Regional Planning

RBUS

201500274

EXISTING USE: New () Renewal ()

PROJECT #

12015-01534

CELL PHONE #:

USE PERMITTED IN ZONE

CPD

USE NOT PERMITTED IN ZONE:

APPROVED

✓

DENIED:

REMARKS:

Facility allowed per RZCPD 2013 01350.

Facility grandfathered to 11/1/20, after that
not allowed in CPD Zone

DEPARTMENT OF REGIONAL PLANNING

320 W. TEMPLE STREET,

HALL OF RECORDS

LOS ANGELES, CALIFORNIA 90012

SIGNATURE:

Doug Chastain

DATE:

6/24/15

THIS IS ONLY A BUSINESS LICENSE REFERRAL AND AN APPROVAL DOES NOT CONSTITUTE A BUSINESS
LICENSE. YOU MUST RETURN REFERRAL TO THE TREASURER AND TAX COLLECTOR TO CONTINUE THE
BUSINESS LICENSE APPLICATION PROCESS. (IF ANY QUESTIONS, PLEASE CALL 213/974-2011)